

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2274AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>SACHELE SENIOR GUEST HOME 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3397 EL CAMINO REAL LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on October 15, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 total beds.</p> <p>The facility had the following category of classified beds: Category 2 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility which provides care to elderly or disabled persons.</p> <p>Residential facility which provides care to persons with Alzheimer's disease.</p> <p>The census at the time of the survey was six (6) residents. There were six (6) resident files reviewed and four (4) employee files were reviewed.</p> <p>No complaints were investigated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103  Y 103 SS=E	Continued From page 1  449.200(1)(d) Personnel File - NAC 441A  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Based on record review, the facility failed to document a pre-employment physical for 2 of 4 employees (#1 and #4).  Findings include:  The file for Employee #1 (hired 10/24/97) lacked documentation of a physical.  The file for Employee #4 (hired 01/08/99) lacked documentation of a physical.  Severity: 2    Scope: 2	Y 103  Y 103		
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the	Y 859		

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Y 859	<p>Continued From page 2</p> <p>resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to provide documentation of annual physicals for 2 of 6 residents (#2 and #6).</p> <p>Findings include:</p> <p>Record Review</p> <p>Resident #2 was admitted to the facility on 10/28/05. The resident file revealed an annual physical dated 09/18/07. The file lacked documentation of a more recent physical.</p> <p>Resident #6 was admitted to the facility on 10/12/08. The file for Resident #6 lacked documentation of an admission physical.</p> <p>Severity: 2 Scope: 2</p>	Y 859			

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